

# **Annex 7**

## **Checklists for State/Local/CDC Personnel Actions in a Smallpox Emergency**

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**General List of Actions and Decisions to be Considered - Team Leaders  
(Medical and PHA)**

Action or Decision	Lead Person – State or local HD	Lead Person – CDC Team
Identify key decision-makers and infrastructure at State and local HD		
Identify with above officials the counterparts for CDC team members		
Identify and review existing state/local emergency or BT plans		
Identify state/local chains of command for action- and decisions and communications and agree on access points		
Negotiate roles of CDC team in collaboration with State/local officials		
Identify office space, transport and facilities for team members		
Identify and clarify roles of press spokespersons		
Review smallpox response plan and priority task lists and establish plan for implementation		
Identify other state/local/federal agencies involve and their roles		
Identify serious issues (isolation policy, quality of medical care vs isolation) for which immediate, high-level discussions and decisions are needed – note 8 areas below		
-Immediate need to determine number, composition and identify personnel for State/local 1 <sup>st</sup> response team and facilities such as vaccination clinics and isolation/hospitals, assure training, vaccination, transport and other support needs		
- Surveillance/Reporting – provider and public health alert system; laboratory alert system; active/passive rash illness reporting networks; ER alert; case response plan in place; source of exposure; data compiling support		
- Contact and contacts of contact identification, tracing, vaccination, and surveillance for fever/rash, vaccine site and severe adverse events; risk prioritization for contact tracing.		
- Vaccination policy(s): who, where, when and by whom; containment or containment and mass; fixed vaccination clinics, household /neighborhood vaccination, mobile teams; separate vaccination sites for contacts, response teams, and essential services (police, water, power, fireman, other security groups, child health services, etc; Smallpox vaccine storage, distribution and security		
-Decide on Isolation policy(s): home, hospital, smallpox isolation facility; transport of cases; security, enforcement and maintenance issues; level of medical care to be provided - Status of State quarantine rules/laws and who and how would they be implemented		

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- Training and educational plans: supplies of educational and training materials; facilities, trainers, schedules needed; various curricula; identifying personnel to be trained; web-based and other alternatives for training and education		
- Security arrangements for all team members; plans for controlling the population and enforcement of vaccination and isolation		
- Supplies on hand/needed such as: bifurcated needles, forms of many types, Spox disease identification cards, vaccine take cards, VIS (languages), etc		
Delegate assignments reflecting above needs and begin implementation with written notes of persons responsible and deadlines		
Identify political officials needed (e.g., Governor. Mayor, etc) to reach decision quickly.		
Reach consensus and schedule daily (or more frequent) meetings with key officials		
Schedule phone briefings and meetings with team members daily		
Arrange conference calls with CDC “Smallpox central” in Atlanta		

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### List of Actions and Decisions to be Considered – Isolation and Quarantine Measures

Action or Decision	Lead Person – State or local HD	Lead Person – CDC Team
Identify key decision-makers at State and local HD for isolation policies		
Obtain policy decision on facility types (hospital, motel, etc) for isolation		
Identify lead for isolation activities to ensure following:		
Establish Type C isolation facility		
Establish policies for isolation facilities		
Establish additional isolation (Type X, R, and additional C) facilities as needed		
Assign staff to isolation facilities		
Train staff for isolation facilities		
Develop and implement security plan for isolation facilities		
Vaccinate all isolation staff		
Arrange appropriate disposal of infectious waste		
Develop and implement plan for laundry and food service		
Develop and implement plan for medical care		
Make transportation arrangements for suspected smallpox patients		
Implement monitoring of health status of isolation staff		
Develop and implement plans for moving supplies into isolation facilities		
Develop and implement communications plan to keep family members briefed		
Ensure availability of chaplain services, as needed		
Plans developed for autopsies and burials		
Meet with hospital and urgent care center reps to communicate isolation and transportation plans		
Inform health care providers about where to refer patients with suspected smallpox for evaluation		
Establish, communicate, and implement contamination policies		
Assure vaccination of health care workers, other staff, and patients in hospitals, clinics, etc where suspected cases are seen		
Obtain policy decision by State Medical officer on cancellation of large public events and school closing		
Review local and State quarantine laws and authorities		
<ul style="list-style-type: none"> <li>Determine if sufficient public health legal authority exists to mandate isolation/quarantine</li> </ul>		
<ul style="list-style-type: none"> <li>If not, revise or modify laws to establish authorities or utilize Federal statutes</li> </ul>		

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Identify persons and organizations empowered to invoke and enforce isolation and quarantine measures		
Develop plans for emergent vaccination of persons needed to enforce and support quarantine measures (i.e. law enforcement personnel, national guardsman, essential service providers[utilities, water, sanitation, etc])		
Educate the public about the potential need for using quarantine measures, as a means to improve compliance with government directives during an event		

**List of Actions and Decisions to Consider - Contact Identifying, Tracing, Risk Assignment, Vaccinating Contacts and their Household Contacts, Contact Fever/Rash Surveillance and Surveillance of Contacts and their Household Contacts for Vaccine Site Status and Vaccine Reactions**

Action or Decision	Lead Person – State or local HD	Lead Person – CDC Team
Identify lead for coordinating activities involving contact tracing, vaccinating and surveillance of contacts activities		
Contact identifier assigned to case investigation team		
Establish/adopt contact tracing and surveillance policy		
Establish/adopt vaccination strategy for contacts and their household contacts		
Establish criteria for and a system for isolation of contacts who become suspect cases		
Designate state/local personnel responsible for activities involving contact identification, contact tracing and vaccinating, and surveillance of contacts		
Identify Contact Tracing Supervisors		
- Assigns teams to trace contacts by contact risk of infection		
- Identify focal point for referring out of locality contacts		
Determine case household, contact and contact household forms and record keeping policies		
Estimate number of 2-man teams for 1 <sup>st</sup> response; and additional teams needed for sustaining or increasing response		
Establish policy for post-event vaccination of 1 <sup>st</sup> responders (in event pre-event vaccination not done or incomplete)		
Identify contact tracing team members		
Train contact tracing teams and supervisors		
- Epidemiology, diagnosis and containment		
- Case/contact interviewing methods and skills		
- Risk categorization of contacts/contact sites		
- Recognizing contacts suspected to have Spox, contacting Case Investigators to arrive to make the diagnosis, and arrange isolation/transport		
- Arranging for vaccination of contacts and household contacts of contacts		
-Follow up surveillance of contact and their household contacts (phone/in person) for fever/rash, vaccine site status, severe reportable vaccine reactions		
Criteria for releasing a contact/contact household from surveillance		
Determine and nearest vaccination site(s) for contacts and their household contacts		

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Identify materials such as thermometers, VIS, gauze, and the like that contact tracing teams will leave with contact households and that the teams will need such as forms, etc.; and stockpile them		
Establish a designated health department number with trained personnel to respond to contacts and their household member concerning fever/rash, their vaccine sites status and the severe reactions to the vaccine requiring further attention		
Identify office, communication equipment, transport and drivers for contact tracer teams and supervisors		

**Smallpox Vaccination Clinics Activity and Decision Checklist**

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<b>Actions</b>	<b>State-Local Lead</b>	<b>CDC Lead</b>
<b>Preparations for Vaccination clinics</b>		
Take delivery of and secure vaccine		
Determine the Vaccination Strategy		
Vaccinate staff and first responders		
Determine personnel and other resource needs		
Identify Clinic Sites		
Obtain Authorization / Standing Orders		
Plan Staff Training		
Publicize the Clinic		
Identify and Assign Staff		
Conduct Staff Training		
Obtain/deliver adequate # of forms and documents		
Obtain/deliver supplies and equipment		
Deliver vaccine to clinic		
Set up the clinic operation		
<b>Management and Coordination of staff functions</b>		
Medical screeners		
Vaccine administrators		
Other Staff (Registration, flow controllers, etc)		
Vaccine Security, Supply and Handling		
Vaccine Accountability		
Security and crowd management		
Internal communications (telephones, pagers, etc)		
Emergency medical personnel		
Information management technology (computers)		
Public relations and communications		
After Clinic Evaluation		

**List of Actions and Decisions to be Considered – Vaccine Safety**



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Action or Decision	Lead Person – State or local HD	Lead Person – CDC Team
Identify, designate, and train physician sub-investigators from state HD to carry out the requirements of the IND protocols for smallpox vaccine and Vaccinia Immune Globulin		
Identify lead for coordinating vaccine safety activities: screening for contraindications, care of vaccination site, active surveillance tracking, follow-up of serious adverse event reports, assist in completing VAERS forms, telephone or in-person follow up of adverse event reports identified by contact tracers, recognition of serious adverse events		
Establish/adopt safety surveillance policy		
Establish/adopt criteria for vaccine contraindications		
Identify vaccine safety personnel from state/local HD		
Train state/local vaccine safety personnel		
Establish a designated HD number with trained personnel to respond to serious reactions to vaccine and link ot VAERS and CISA		
Establish/adopt strategy to conduct follow up of adverse event reports		
Determine procedures for completion of forms (VAERS, VAERS follow-up, VAE Diary Report Cards, VIG postcard notification)		
Determine procedures for reporting data to CDC and VAERS		
Determine local physicians who will evaluate and manage serious vaccine complications		
Determine procedures for consultation with ID, Dermatology, Neurology consultants and/or other CISA clinicians for evaluation and/or management of serious adverse events		
Establish/adopt criteria for use of VIG and/or cidofovir for treatment of serious adverse events		
Establish/adopt strategy to conduct surveillance for VIG/cidofovir use (e.g., hospitals, pharmacies)		
Determine procedures for identification and reporting of secondary transmission of vaccine virus resulting in VAEs		
Identify office, communication equipment, transport drivers for team safety members		
Establish/adopt policy for when active surveillance of VAEs not feasible (i.e., only passive will be used)		

### List of Actions and Decisions to be Considered – On-site Media Communications Checklist

Action or Decision	Lead Person – State or local HD	Lead Person – CDC Team
<b>Prior to deployment:</b> CDC press officer team member will obtain a “Go Kit” Operations Manual containing directions, resources, contact information lists, bios of spokespersons, media lists, etc		
<b>Upon deployment:</b> CDC press officer meet with public affairs directors and information officers from State/local HD to assess staffing needs, discuss local political sensitivities, assign duties, formulate key messages, and determine media needs		
Set up emergency communications center for the media through the local HD or other means. Ideally should include suitable briefing room, media response offices, and media work space		
Make contact with public affairs offices of city and state, state and local emergency coordinators, law enforcement, hospitals, and Congressional offices		
Develop list of authorized state/local/government spokespeople and subject matter experts		
Establish a daily routine for providing information to the media, health care providers, and other partners that includes daily news briefings, conducted either in person or via teleconference. Initially, briefings may be needed several times a day.		
Initiate the writing, editing, and clearance procedures for news releases, talking points, media advisories, briefings, and other copy. All copy should be cleared by the MCL, program expert, and the CDC Communications Command Center and coordinated with state/local HD and law enforcement officials/JIC		
Establish and participate in daily staff meetings to get the latest information on the situation and to provide updates on the types of questions that are being asked and/or need answers.		
Maintain a daily log of media contacts		
CDC medial personnel send a daily activity report to CDC and HHS to include # of calls, media outlet, nature of calls/responses, issues that need answers, and responses.		